

Medical Approval Form

(This form must be returned completed at the time of the physical performance test)

Physician's certification of Ability to Perform Physical Fitness Testing and Participate in a Physical Wellness Program

This is certify that I have reviewed the attached four elements of the Connecticut Police Officer Standards and Training Counsel's Physical Fitness Test and the "Description of the P.O.S.T. Council's Physical Wellness Program."

After reviewing said documents, it is my professional opinion that the candidate named below:

Candidate's Name: _____

Agency to Which
Application is made: Naugatuck Police Department

Date of Physician's Exam: _____

CAN safety perform the physical test and participate in a physical wellness program.

Physician's Signature: _____

Physician's Name: _____
(Please print)

Date: _____

PLEASE NOTE: DO NOT submit this form along with your application. This form is submitted at the time of the physical performance tests. It must be signed by your physician.